

Counseling For Wellness L.L.P.

**420 West Main Street
Kent, Ohio 44240
330-677-2000**

**15985 East High Street, Suite 206
Middlefield, Ohio 44062
440-632-6333**

I hereby request counseling services from Counseling For Wellness. I understand that any recordings, test results, and case discussions are strictly confidential and will not be released without my prior permission. From time to time, it may be necessary for my therapist to consult with other counseling agencies to coordinate services and to ensure that I receive the best possible services. I have the name of my therapist and his/her title. I also understand if I seek or have sought services from another agency, a release of information can be provided to that agency in order to provide continuity of care. I have also been advised verbally and in writing the limits of confidentiality involved in the duty to treat, the duty to warn, the duty to report and the duty of my counselor to testify.

Signature

Date

I have received a copy of my rights as a client of Counseling For Wellness and my counselor has gone over the rights with me.

Signature

Date

I was given a copy of the policy, which delineates the expectations of clients. I have read and will abide with it, and understand the consequences of serious infractions.

Signature

Date

As indicated above, my child received information regarding his/her rights, confidentiality of patient records and expectations of clients. I request services for my child and understand the limits of confidentiality stated above.

Signature

Date